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**RECORDS TRANSMITTAL AND RECEIPT**

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**1. To: Metro Records Management**  
**Metro Southeast Complex**  
**1417 Murfreesboro Pike**  
**Nashville, TN 37217**

**2. From:**

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**3. Department/Division Head (Signature and Title)**

**Telephone:    Date:**

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**4. Department Records Officer (Signature and Title)**

**Telephone:    Date:**

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**5. Records Received in Metro Records Center by:**

**Telephone:    Date:**

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**6. Access Restrictions:**

**7. Total Boxes Transferred:**

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**This form must be filled out and signatures obtained prior to the transfer of records.**  
**A copy of the completed Transmittal Spreadsheet must be attached.**

**A copy of all paperwork signed by Metro Records Management staff will be sent to your office as evidence of a successful transfer.**